

# STUDENT EMERGENCY INFORMATION – 2024/25

Please fill out a separate form for each child that may have a different family name.

Please complete all information on the front and back of this form, and return it on first day of school.

## STUDENT INFORMATION

Entering Grade, September 2024 \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

**Please (✓) check here if this is a new address, telephone number, and/or E-mail address.**

**Please choose:**  My child is driven to school  My child is picked up from school  Rides Bus (# \_\_\_\_\_)

**Please choose how you wish to receive school notices:**  via email  or hardcopies

**Please add any additional EMAIL contacts here:** \_\_\_\_\_

## SIBLINGS CURRENTLY ATTENDING SIDE BY SIDE:

\_\_\_\_\_  
Name Grade Date of Birth

\_\_\_\_\_  
Name Grade Date of Birth

\_\_\_\_\_  
Name Grade Date of Birth

**Mother's/Guardian's Name** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## OTHER EMERGENCY CONTACTS

Please list the people authorized to pick up your child or act on your behalf if we cannot contact you:

1. 

Name	Relationship to Child	Telephone Number
_____	_____	_____

2. \_\_\_\_\_

3. \_\_\_\_\_

## MEDICAL INFORMATION

Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies: \_\_\_\_\_

**TURN OVER**

# PARENT/GUARDIAN PERMISSION

## STUDENT DIRECTORY

May we include your name, address, phone number in our upcoming Student Directory?

Yes  No Please indicate your preference:  Home  Cell phone number.

May we share your email address with classroom parents seeking volunteers for class events? Y\_N\_

## MEDIA ACCESS

Since SbS is often visited by the media and other organizations who take photographs and/or interview students for articles or publicity that benefit Side by Side, may we have your permission for your child (ren) to be included in such events?

Yes  No

## CLASS TRIPS

Class trips are an important part of our curriculum. These trips may include walking in the vicinity, or driving via school bus and/or parent drivers. In all cases, we obtain proof that those drivers are licensed and insured.

For every trip, you will receive separate notification and consent forms from your child's teacher with detailed information about each class trip and type of transportation used.

Does your child have permission to attend?

*Walking trips*  Yes  No

*Trips with parent drivers*  Yes  No

*Trips via bus*  Yes  No

## SOCIAL WORKER RELEASE

The role of the social worker at SbS is to provide information, support and assistance to our children, families and staff. At times, she may need to observe, meet with children and discuss problems with both parents and staff. All individual and family sessions are confidential.

May we have your permission for your child to meet with our school social worker?

Yes  No

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Parent/Guardian Signature

Date